

REMARKS

In the Response to Arguments, the Examiner's comments are understood to characterize a needed distinction between the support channel and the relatively rotatable segments that form the support channel and that each have a longitudinal slot which extends the full length of the segment. Applicants have accordingly amended the claims and have presented distinguishing Remarks herein.

Consideration of the IDS's submitted on January 10, 2008 and February 22, 2008 is noted with appreciation.

The comments on priority are noted, and the Examiner's presumption is correct regarding common ownership of the subject matter of the claims at the time of the claimed invention.

Rejected claim 29 has been canceled without prejudice.

Claim 17 has been rejected under 35 U.S.C. § 103(a) as being unpatentable over Yeung et al WO '159 in view of Obenchaim '962. This rejection is respectfully traversed with respect to this claim as amended herein.

This claim now more specifically recites "a support channel for a cardiac lead that is disposed on the suction attachment and that includes coaxial mating segments that are relatively rotatable about a coaxial axis thereof, each segment having a longitudinal slot extending between distal and proximal ends of the segment for selective configuration as a closed channel in one relative rotational

orientation for confining a cardiac lead in the support channel or as a channel open longitudinally between proximal and distal ends of the segment in another relative rotational orientation of the segments that aligns the longitudinal slots for releasing a cardiac lead laterally from within the support channel through the aligned slots.”

These aspects of the claimed invention promote selective rotational configurations of the segments to form a confined support channel, or to form a longitudinal slot along the entire length of the sides of the segments between distal and proximal ends to facilitate removal laterally through such aligned slots of a cardiac lead. This promotes convenient removal of the claimed apparatus away from such cardiac lead while the lead remains attached as installed in contact with heart tissue and also connected to a utilization circuit.

These aspects of the claimed invention are not disclosed or fairly derived from the cited references considered either alone or in the combination proposed by the Examiner. Specifically, Yeung et al WO '159 offers no disclosure of slots extending the entire lengths between distal and proximal ends of each of the outer channel and inner cartridge, or needle, to form a support channel with a selective slot extending the entire length between distal and proximal ends of such support channel. Nor are the resilient fasteners 13 “electrical conductors,” as the Examiner suggests, nor is there any hint of a cardiac lead either attached to such fasteners or even releasable through aligned slots along the entire length between distal and

proximal ends of such channel and cartridge, or needle. At best, this reference merely discloses a short slot near the distal end of the outer channel (and certainly not along the entire length between distal and proximal ends) merely to facilitate release of only one resilient fastener 13 at a time through such short slot upon alignment thereof with the slot in the inner needle. At best, a suture 21, not a cardiac lead, may be carried by a fastener. To analyze the disclosure of this reference in the modified form the Examiner asserts would constitute impermissible alteration of the function and operation of the disclosed apparatus, using instructions derived from Applicants' own specification.

And, merely adding multiple separate channels/lumens in the cannula of Obenchain '962 for suction or other functions fails to remedy the deficient disclosure of Yeung et al WO '159, as discussed above. Thus, Applicants submit that their invention as now more specifically claimed is patentably distinguishable over the cited art.

Claim 18 has been rejected under 35 U.S.C. § 103(a) as being unpatentable over Yeung et al WO '159 and Obenchaim '962 in view of Starksen '161. This rejection is respectfully traversed with respect to this dependent claim as now amended.

This claim incorporates from independent claim 17 the recited "suction attachment supported by the cannula and configured for contacting an exterior

target site on the heart,” and is further limited by the additional recitation of “the cardiac lead extending along the support channel in the closed configuration to the proximal ends of the segments for connecting the electrode to a utilization circuit and being releasable laterally from the support channel through the longitudinal slot formed in the segments as rotationally oriented in the open configuration.”

These aspects of the claimed invention are not disclosed or fairly suggested by any of the cited references, even considered in the combination proposed by the Examiner.

As noted in the above Remarks, Yeung et al WO '159 alone or in combination with multiple channels/lumens in the cannula of Obenchain '962 fails to disclose or fairly suggest slots along the entire lengths of the coaxially-rotatable elements through which a cardiac lead may be selectively laterally released along the entire length of the apparatus upon selective alignment of the slots. And Starksen '161 is noted to disclose an intraluminal steerable catheter for penetrating into a heart chamber. A suction attachment, as claimed by Applicants, would appear to be highly inappropriate for intra-chamber placement of an electrode via intraluminal placement. At best, this reference is noted to rely upon a steerable cannula for intraluminal penetration into a heart chamber, where the cannula has only a splittable sidewall and no relatively rotatable coaxial segments, as claimed by Applicants, for selectively configuring a longitudinal sidewall opening along

the entire length of the cannula. And, any suction attachment on the cannula suitable for contacting an exterior target site on the heart, in any manner resembling Applicants' claimed invention, would undesirably operate in Starksen '161 to vacuum blood from within the heart chamber or the vessel by which the structure accesses an inner chamber of the heart. Thus, combining these references as proposed by the Examiner, if even functionally possible, would impermissibly and materially alter the purposes and operations of the references, and would nevertheless fail to establish even a *prima facie* basis, including *all* recited elements, from which a proper determination of obviousness could be formed. It is therefore respectfully submitted that dependent claim 18 as amended herein is now patentably distinguishable over the cited references.

Entry of this amendment, which is submitted to condition this application for allowance, is requested. In the event a claim rejection is continued, it is requested that this amendment be entered in order to clarify and simplify the issues for appeal.

Favorable reconsideration is solicited.

Respectfully submitted,
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